

Dept. of the Attorney General
Tobacco Enforcement Unit
425 Queen Street
Honolulu, Hawaii 96813

Hawaii Revised Statutes, Chapter 486P*

Due Date: This report is due no later than thirty days following each calendar quarter.

Trade Name (DBA/AKA)			Federal EIN
Mailing Address of Principal Place of Business			Telephone Number
City and State	Country	Postal Code	E-Mail Address
Contact Person	Title		Contact Telephone <u>and</u> Facsimile Number

For Quarter Ending: _____

[illegible]

*Haw. Rev. Stat., Chapter 486P:

Requires that any tobacco product manufacturer selling cigarettes (including "roll-your-own") to consumers within this State (whether directly or through a distributor, retailer or similar intermediary or intermediaries) shall file a quarterly report with the Attorney General setting forth: (1) its name and trade name (if any); (2) the address of its principal place of business; (3) a memorandum or a copy of the invoice covering each and every shipment of cigarettes made during the previous calendar quarter into this State; and (4) other information as may be required by the Attorney General. Any tobacco product manufacturer that is a signatory to the Master Settlement Agreement, and whose cigarettes are sold to consumers within this State, may file with the Attorney General copies of reports that the tobacco product manufacturer submits to the State of Hawaii Department of Taxation regarding its sales activities in this State. Any entity that is required to file a report pursuant to this chapter shall also provide any information that the Attorney General may deem necessary; the information received under this Chapter shall be used only for purposes of enforcement of this Chapter, Chapter 245, and Chapter 675.

**** Includes "roll-your-own" tobacco; 0.09 ounces of "roll-your-own" tobacco shall constitute one individual "cigarette."**

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the foregoing document are true, accurate, and complete.

Signature of Preparer

Date _____

Print Name of Preparer